

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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| In re application of: Parkhe, et al. Application No: 10/786/876 Confirmation No: 1903 Filed: February 24, 204 Title: COATING FOR REDUCING CONTAMINATION OF SUBSTRATES DURING PROCESSING | Art Unit: 1792 Examiner: Moore, Karla A Attorney Docket No: 008850 USA/MDP/COPPER/SC January 28, 2010 San Francisco, CA 94107 |
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| Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 Via EFS <input type="checkbox"/> Response to Office Action <input type="checkbox"/> Drawing <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Modified PTO-SB/08 Form(s) <input checked="" type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> (2) Postcards for Return | Extension of Time <input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,110.00</td> <td style="text-align: center;">\$555.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total \$ 0.00</td> </tr> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. | Extension (Months) | Extension Fee | | | Large Entity | Small Entity | <input type="checkbox"/> One Month | \$130.00 | \$65.00 | <input type="checkbox"/> Two Months | \$490.00 | \$245.00 | <input type="checkbox"/> Three Months | \$1,110.00 | \$555.00 | Total \$ 0.00 | | |
|---|--|--------------------|---------------|--|--|--------------|--------------|------------------------------------|----------|---------|-------------------------------------|----------|----------|---------------------------------------|------------|----------|----------------------|--|--|
| Extension (Months) | Extension Fee | | | | | | | | | | | | | | | | | | |
| | Large Entity | Small Entity | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One Month | \$130.00 | \$65.00 | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two Months | \$490.00 | \$245.00 | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three Months | \$1,110.00 | \$555.00 | | | | | | | | | | | | | | | | | |
| Total \$ 0.00 | | | | | | | | | | | | | | | | | | | |

| Fees for Extra Claims | | | | | | |
|---|----------------------------------|------------------------------------|--------------|--------------|--------------|-----------------|
| | Claims remaining after amendment | Highest number previously paid for | Number Extra | Rate | | Additional Fee |
| | | | | Large Entity | Small Entity | |
| Total Claims | 13 | 57 | 0 | \$52.00 | \$26.00 | \$0.00 |
| Independent Claims | 2 | 12 | 0 | \$220.00 | \$110.00 | \$0.00 |
| Multiple Dependent Claims | | | 0 | \$390.00 | \$195.00 | \$0.00 |
| Supplemental Information Disclosure Statement | | | | | | \$180.00 |
| Total | | | | | | \$180.00 |

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|---|-----------------|--------|---------------------|----------|--------------|-----------------|---|
| Fee Payment <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Extension Fee</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td>Fee under § 1.17(p)</td> <td style="text-align: center;">\$180.00</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">\$180.00</td> </tr> </table> <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-1074</u> in the sum of <u>\$180.00</u> . CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to (571) 273-8300, or electronically submitted via EFS on the date shown below: By: <u>Steven Metz</u> Date: <u>January 28, 2010</u> | Extension Fee | \$0.00 | Fee under § 1.17(p) | \$180.00 | Total | \$180.00 | Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> . Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107 Respectfully Submitted, By: <u>Robert W. Mulcahy</u> Date: <u>January 28, 2010</u> Registration No. 25,436 |
| Extension Fee | \$0.00 | | | | | | |
| Fee under § 1.17(p) | \$180.00 | | | | | | |
| Total | \$180.00 | | | | | | |

